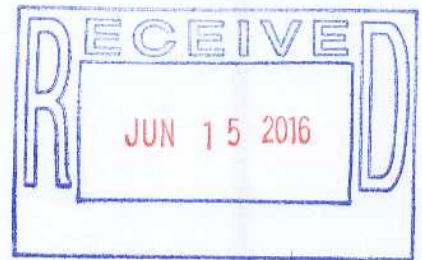


TJS
UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

DARRELL LAW



(In the space above enter the full name(s) of the plaintiff(s).)

16 3029

- against -

DELAWARE COUNTY, PENNSYLVANIA;
DE. COUNTY DISTRICT ATT. JACK WHELAN;
UPPER PROVIDENCE POLICE DETECTIVE MICHAEL
LANGBDALE; THE DE. COUNTY SHERIFFS DEPT.;
CLERK OF COURTS IN THE DISTRICT COURT
OF UPPER PROVIDENCE, PENNSYLVANIA
AND THE COMMUNITY EDUCATION CENTER
INCORPORATED

COMPLAINT

under the
 Civil Rights Act, 42 U.S.C. § 1983
 (Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
 (check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name DARRELL LAW
 ID # 16002026
 Current Institution GEORGE W. HILL CORRECTIONAL FACILITY
 Address P.O. BOX 23A; 500 CHENEY ROAD
THORNTON, PA 19373

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name JACK WHELAN, DIST. ATTORNEY Shield # _____
 Where Currently Employed DE. COUNTY DIST. ATT. OFFICE
 Address 201 WEST FRONT STREET
MEDIA, PENNSYLVANIA 19063

Defendant No. 2 Name MICHAEL LANGDALE, DETECTIVE Shield # _____
 Where Currently Employed UPPER PROVIDENCE TWP. POLICE DEPT.
 Address _____

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? GEORGE W. HULL
CORRECTIONAL FACILITY

B. Where in the institution did the events giving rise to your claim(s) occur? _____
NONE SPECIFIC

C. What date and approximate time did the events giving rise to your claim(s) occur? _____

BETWEEN May 10, 2015 AND JUNE 30, 2015 IN DE. COUNTY, PA.

What
happened
to you?

D. Facts: DETENTION WAS ILLEGAL BECAUSE THE PROBABLE CAUSE DETERMINATION WAS UNNECESSARILY DELAYED FROM THE 10TH OF MAY, 2015, WHERE PLAINTIFF WAS INTERROGATED BY DETECTIVE LANGDALE, UNTIL JUNE 30, 2015, WHEN DETECTIVE LANGDALE MADE MISREPRESENTATIONS ABOUT PHOTOGRAPHS ALLEGEDLY INCRIMINATING PLAINTIFF, AS WELL AS, OTHER EVIDENCE OF WHICH ALLEGEDLY PROVIDED PROOF OF A CONSPIRACY INVOLVING PLAINTIFF.

Who
did
what?

ASIDE FROM THE MISREPRESENTATIONS OF MICHAEL LANGDALE AT THE PRELIMINARY EXAMINATION OF JUNE 30, 2015; DELAWARE COUNTY OFFICIALS (SHERIFFS DEPT., CONSTABLES OFFICE, DE. COUNTY PRISON, DISTRICT ATTORNEY'S OFFICE, ETC.) FAILED TO TAKE PLAINTIFF BEFORE JUDICIAL OFFICER WITHIN A TIMELY MANNER FOR PURPOSE OF DETERMINING LIKELIHOOD OF CRIMINAL ACT, ACCORDINGLY.

Was
anyone
else
involved?

DISTRICT COURT CLERKS OFFICE AT UPPER PROVIDENCE TWP., PENNSYLVANIA, PERHAPS EVEN, MAY HAVE A ROLE WITHIN FAILING TO SCHEDULE AND/OR SEND NOTICE TO THE AGENCIES RESPONSIBLE FOR THE TRANSPORTATION, ETC..
COURT APPOINTED LAWYER, D. WESLEY CORNISH REPRESENTED PLAINTIFF.

Who else
saw what
happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

MENTAL ANGUISH AND POST TRAUMATIC STRESS; REVIEW FOR TREATMENT STILL PENDING IN FACILITY.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a

prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

GEORGE W. HILL CORRECTIONAL FACILITY

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? NOT BEING TAKEN BEFORE A JUDGE FOR A PROBABLE CAUSE DETERMINATION

2. What was the result, if any? NO RESPONSE

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. FILED FOR WRIT OF HABEAS CORPUS IN COMMON PLEAS COURT AND CP-23-MD-1447-2015

FILED MOTION TO QUASH INFORMATION / HABEAS CORPUS IN COM-MON PLEAS COURT ON SEPTEMBER 14, 2015. AND CP-23-CR-3879-2015
SEE ALSO, D.LAW V. C.E.C., INC et al # 2:16-CV-765-TJS

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that

you are seeking and the basis for such amount). MONETARY AWARD OF \$1,000.00 FOR EVERYDAY OF CONFINEMENT SPENT WITHOUT PROBABLE CAUSE DETERMINATION AND ADDITIONAL \$1,000.00 FOR EVERYDAY

OF CONFINEMENT AS A RESULT OF MICHAEL LANGDALES TESTIMONY/
ALL OF WHICH ADVERSELY EFFECTED PLAINTIFFS DUE PROCESS AND
LIBERTY INTEREST.

BEAR ALL FINANCIAL RESPONSIBILITIES FOR TREATMENT AND/OR
OR SERVICES IN REGARDS TO RELATED MENTAL HEALTH ISSUES
RESULTING FROM AFORESTATED CIVIL RIGHTS VIOLATIONS

INVESTIGATE AND REPORT A PROBABILITY OF RACIAL DISPARITY/
AND/OR BIAS THAT MAYBE EFFECTING DAY TO DAY OPERATIONS,
ADMIN. AND JUDICIAL, WITHIN DISTRICT COURTS OF DE. COUNTY, PA.

A SIMILAR INQUIRY SHOULD APPLY TO COURT OF COMMON PLEAS
AT DE. COUNTY, PA.

A REVIEW AND AMENDMENT OF POLICIES THAT EFFECT AND ARE
DESIGNED TO FOSTER OR CREATE A DRAWN OUT (AND ILLEGAL)
PROCEDURE CAUSING DISCOURAGEMENT AND/OR MANIPULATION
WITHIN THE CRIMINAL PROCESS.

INSTALL A PROGRAM STATEMENT AND POLICY REQUIRING D.A.'S
OFFICE IN DE COUNTY, PA, DE PRISON, DE. COUNTY SHERIFFS DEPT.
INTENDED TO UPHOLD THE CONSTITUTION AND ENSURE FAIR PROCESS.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court?

Yes ____ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10 day of JUNE, 2016.

Signature of Plaintiff

Darrell Lee

Inmate Number

160020216

Institution Address C.W.H.C.F.
P.O. BOX 23A
500 CHENEY RD.
THORNTON, PA 19373

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 10 day of JUNE, 20 16, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: Danell Lewis